

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



April 25, 2000

ALL-COUNTY LETTER NO. 00-28

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☒ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

**SUBJECT: APPROVAL OF THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM'S VOLUNTARY SERVICES REGULATIONS (MANUAL OF POLICIES AND PROCEDURES SECTIONS 30-701, 30-757 AND 30-763)**

This All-County Letter (ACL) informs counties of approved changes in the regulations regarding the use of voluntary services in the IHSS Program. The purpose of these regulatory changes is to require counties to obtain a signed Voluntary Services Certification Form SOC 450 (Rev. 4/99) from individuals who agree to render voluntarily any compensable services. The Certification form is to be used statewide for any individual providing compensable services without pay. A copy of the regulations and a copy of the Certification form are attached.

The adoption of these regulations is necessary to comply with the court-ordered judgement resulting from the Miller v. Woods/Community Services for the Disabled v. Woods court case.

The term "provider," as used in the regulations, can mean a paid provider who provides a part of the services to the recipient on a voluntary basis or a person who provides services voluntarily and receives no compensation from IHSS.

**CERTIFICATION FORM REQUIRED**

Any individual who could legally be paid to provide IHSS Program services can volunteer not to be paid to provide those services. If a need for services is assessed and authorized, then with certain exceptions, an individual can legally be paid to perform the services. Any individual willing to perform authorized services without compensation must complete and sign the Certification form. All voluntary service hours are to be shown on the clients' SOC 293 forms as Alternative Resource hours.

### **Example 1:**

Recipient has an [authorized](#) need for 5.25 hours per week (.75 hours per day) of bathing/oral hygiene/grooming. The recipient's adult daughter agrees to bathe the recipient on Saturday and Sunday without compensation. The daughter must complete the Certification form acknowledging that she will provide 1.50 hours per week of bathing without compensation.

### **Example 2:**

Recipient has an [authorized](#) need for 6 hours per month of domestic services. The recipient's neighbor has agreed to clean the recipient's house without compensation. The neighbor must complete and sign the Certification form acknowledging that he/she will provide 6 hours per month of domestic services without compensation. If the neighbor only wants to provide a portion of the cleaning services, he/she completes the Certification form acknowledging that portion (in hours) of services to be provided without compensation.

### **Example 3:**

Recipient has an [authorized](#) need for 6 hours per month of domestic services and 4 hours per month of meal preparation services. The recipient's neighbor has agreed to cook for the recipient without compensation, but wishes to be paid to provide the 6 hours per month of domestic services. The neighbor must complete and sign the Certification form acknowledging that he/she will provide 4 hours per month of meal preparation services without compensation.

### **Example 4:**

A Severely Impaired (SI) recipient is authorized 6 hours per month domestic services and 35 hours per week of other tasks. Her neighbor has agreed to volunteer all of these service hours. The neighbor would be required to complete and sign the Certification form acknowledging that she will provide 6 hours per month of domestic services and 35 hours per week of other tasks without compensation.

## **PROTECTIVE SUPERVISION: CERTIFICATION DETERMINATION**

Individuals willing to provide services that are **not** compensable are **not** required to complete the Certification form. The cases most often affected by this exemption will likely be those that have authorized protective supervision services. Assessed hours of protective supervision that exceed the statutory maximums for authorized hours are not compensable services hours. Therefore, an individual who voluntarily provides those hours would not be required to complete the Certification form. However, it is possible that an individual could volunteer enough hours to encroach upon the compensable

hours authorized for protective supervision. The examples below will illustrate these scenarios.

Note: Although a Non-Severely Impaired (NSI) Residual recipient is used in the examples, the same criteria would hold true for SI Residual and NSI/SI Personal Care Services Program (PCSP) clients who also receive IHSS protective supervision. The only difference in the criteria would be consideration of the different statutory maximums for the Residual and PCSP Programs.

### **Example 1**

A NSI Residual recipient is limited to the statutory maximum of 195 hours of service per month (45.03 hours per week) including protective supervision. The recipient receives 11.00 hours of other services per week, which are subtracted from the Total Need hours for protective supervision of 168.00 per week (24 hours a day, 7 days a week), leaving an Individual Assessed Need of 157.00 hours per week. After taking into consideration the 11.00 hours of other services, only 34.03 hours per week remain available to be authorized for protective supervision and 122.97 hours per week must be provided by an Alternative Resource. In this case, the Alternative Resource hours are not compensable by IHSS because they are hours in excess of the maximum that could be authorized for payment; therefore, a signed Certification form is not required for the 122.97 Alternative Resource hours.

### **Example 2:**

In this example, the recipient's needs are the same. However, in this situation the recipient's daughter agrees to voluntarily provide all of the recipient's 157.00 hours per week needed for protective supervision. The recipient's daughter would be required to sign the Certification form stating she is voluntarily providing for free the 34.03 hours per week of protective supervision for which she could otherwise be compensated. The other 122.97 hours per week are not compensable hours and [a signed Certification form for those hours would not be required.](#)

### **Example 3:**

Again, the recipient's needs are the same. However, the recipient's daughter has decided she will only provide 145.00 hours per week of protective supervision for free leaving 12.00 hours per week to be authorized for payment. The daughter is now volunteering to provide for free 22.03 hours per week of otherwise compensable services (out of the 145.00). The recipient's daughter would be required to sign the Certification form stating she is voluntarily providing, for free, 22.03 hours per week of protective supervision for which she could otherwise be compensated. The other 122.97 hours per week are not compensable hours and a signed Certification form for those hours would not be required.

## SERVICE PROVIDED BY AN ORGANIZATION

It is important to recognize that if an **organization** provides a portion of the authorized protective supervision service, it must be considered as an Alternative Resource rather than a provider. Consequently, a recipient's compensable hours total would not be reduced **unless** the organization was providing more hours of service than the recipient's identified need for Alternative Resources.

No Certification form is completed by the organization regardless of whether the amount of service hours it provided remained within the boundaries of the identified Alternative Resources need or encroached into the compensable hours. This is because the IHSS Program can legally pay only Individual Providers, County Contract Providers, and County Homemakers as compensable service providers. Organizations are funded by other sources and therefore, cannot be legally paid via the receipt of IHSS funds.

## COMPLETION OF THE CERTIFICATION FORM

The Certification form must be completed and signed by the provider with consultation from the county social worker and contains the following information:

- Services to be performed.
- Recipient name.
- Day(s) and/or hours per month services(s) will be performed.
- Name of provider of services.
- Signature of county social worker and date of certification.
- Name of county.
- Social security number of provider (optional, for identification purposes only).
- Provider's address, telephone number and social security number if the county social worker is unable to obtain the information when completing the Certification form.
- Provider's signature and date of the certification.

At the time the Certification form is signed, counties must give the provider a copy of the signed form.

Although counties are required to have a signed certification by providers who agree to perform compensable services without pay, the state recognizes that these individuals may not always be readily available to complete the Certification forms in a timely manner.

When completing a recipient's initial assessment or reassessment the social worker must determine if an individual is providing voluntary services that he/she can be

compensated for by the IHSS program. The social worker must adhere to the following requirements:

- Provide the recipient with the Certification form, obtain the name and phone number of the provider and the relationship of this person to the recipient.
- Provide the recipient with a name and phone number of a county contact person for the provider to call [if the provider has any questions](#).
- Document in the case file that a Certification form was left with the recipient and document the follow-up attempts to receive the completed Certification form. Follow up with the recipient and provider if this form has not been returned within 15 days.
- If the provider does not submit or refuses to complete the Certification form, the services may still be reflected as an Alternative Resource, so long as the recipient continues to indicate no desire to have IHSS provide the service and the provider wishes to continue the arrangement.
- Counties need to be aware that if a provider indicates he or she would like to receive payment for compensable services, the county must immediately discontinue showing the services as voluntary services. This provider should then be enrolled as an IHSS provider.

As noted, a copy of the new regulations and a copy of the Certification form are attached. Please direct questions pertaining to this ACL to your county's Adult Programs Management Bureau, Operations and Technical Assistance Analyst at (916) 229-4000.

Sincerely,

*Original Signed by  
Donna L. Mandelstam on 3/6/00*

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachments

## VOLUNTARY SERVICES CERTIFICATION

(PLEASE TYPE OR PRINT CLEARLY)

|                         |                           |  |
|-------------------------|---------------------------|--|
| RECIPIENT NAME          | RECIPIENT CASE NUMBER     | COUNTY   |
| PROVIDER NAME           | PROVIDER TELEPHONE NUMBER | PROVIDER SOCIAL SECURITY NUMBER<br>(OPTIONAL)* |
| PROVIDER STREET ADDRESS | CITY                      | ZIP CODE                                       |

[illegible]

I agree to provide the above listed services voluntarily. I know that I have the right to be compensated but choose not to accept any payment, or reduced payment for the provision of these services

|                                 |      |
|---------------------------------|------|
| PROVIDER SIGNATURE              | DATE |
| SOCIAL SERVICE WORKER SIGNATURE | DATE |

\* FOR IDENTIFICATION PURPOSES ONLY (AUTHORITY: WELFARE & INSTITUTIONS CODE SECTION 12302.2)

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



Regulation Package #1097-26

CDSS MANUAL LETTER NO. SS-98-01

TO: HOLDERS OF THE SOCIAL SERVICE STANDARDS MANUAL, DIVISION 30

**Regulation Package #1097-26****Effective 11/14/98****Sections 30-753, 30-755, 30-757, and 30-763**

As a result of the Miller v. Woods/Community Services for the Disabled v. Woods court judgement, the Department amended the current Manual of Policies and Procedures Sections 30-763.6 and 30-757.17. These amendments added a paragraph requesting the provider to sign a statement that the provider knows his/her right to compensation for services rendered, but voluntarily chooses not to accept payment or reduced payment for providing the services. The amendments also added, in Section 30-701, the definitions of "compensable services", "reduced payment" and "voluntary services."

These regulations were considered at the Department's public hearings held on February 17, 18, 19, and 20, 1998.

**FILING INSTRUCTIONS**

Revisions to all manuals will now be shown in graphic screen. The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing Social Service Standards manual changes was SS-97-02.

| <u>Page</u>   | <u>Replaces</u>     |
|---------------|---------------------|
| 50 through 58 | Pages 50 through 58 |
| 61            | Page 61             |
| 70 and 70.1   | Page 70             |
| 73            | Page 73             |
| 90 through 92 | Pages 90 through 92 |

#

Attachment

RG

**TABLE OF CONTENTS**

**CHAPTER 30-700 SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES**

|   | <b>Section</b> |
|---|----------------|
| Program Definition .....                                | 30-700         |
| Special Definitions.....                                | 30-701         |
| Persons Served by the Non-PCSP IHSS Program .....       | 30-755         |
| Need .....  | 30-756         |
| Program Content.....                                    | 30-757         |
| Time Per Task and Frequency Guidelines .....            | 30-758         |
| Application Process.....                                | 30-759         |
| Responsibilities.....                                   | 30-760         |
| Needs Assessment Standards .....                        | 30-761         |
| Service Authorization.....                              | 30-763         |
| Individual Providers Compensation.....                  | 30-764         |
| Cost Limitations .....                                  | 30-765         |
| County Plans .....                                      | 30-766         |
| Service Delivery Methods.....                           | 30-767         |
| Overpayments/Underpayments .....                        | 30-768         |
| Payrolling for Individual Providers .....               | 30-769         |
| Eligibility Standards .....                             | 30-770         |
| Linkage .....   | 30-771         |
| Resources .....   | 30-773         |
| Income.....   | 30-775         |
| Provider Identification .....                           | 30-776         |
| Personal Care Services Program (PCSP) Eligibility ..... | 30-780         |

|               |                           |               |
|---------------|---------------------------|---------------|
| <b>30-700</b> | <b>PROGRAM DEFINITION</b> | <b>30-700</b> |
|---------------|---------------------------|---------------|

- .1 The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care. Eligibility and services are limited by the availability of funds.
- .2 The Personal Care Services Program (PCSP) provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institutions Code Section 14132.95 and Title 22, California Code of Regulations, Division 3 and is subject to all other provisions of Medi-Cal statutes and regulations. The program is operated pursuant to Division 30.
- .3 Individuals who qualify for both IHSS and PCSP funding shall be funded by PCSP.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code.

|               |                            |               |
|---------------|----------------------------|---------------|
| <b>30-701</b> | <b>SPECIAL DEFINITIONS</b> | <b>30-701</b> |
|---------------|----------------------------|---------------|

- (a) (1) Administrative costs are those costs necessary for the proper and efficient administration of the county IHSS program as defined below. Activities considered administrative in nature include, but are not limited to:
  - (A) Determine eligibility;
  - (B) Conduct needs assessments;
  - (C) Give information and referrals;
  - (D) Establish case files;
  - (E) Process Notices of Action;
  - (F) Arrange for services;
  - (G) Compute shares of cost;
  - (H) Monitor and evaluate contractor performance;
  - (I) Respond to inquiries;

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (J) Audit recipient and individual provider timesheets;
  - (K) Enter case and payroll information into the CMIPS;
  - (L) Screen potential providers and maintain a registry or list.
- (2) Administrative activities for PCSP are those activities necessary for the proper and efficient administration of the county PCSP. In addition to all activities listed in Section 30-753(a)(1) as administrative activities for IHSS except Section 30-753(a)(1)(G), the following activities are considered administrative in nature, subject to PCSP funding:
- (A) Nursing supervision;
  - (B) Clerical staff directly supporting nursing supervision of PCSP cases;
  - (C) Physician certification of medical necessity when such certification is completed by a licensed health care professional who is a county employee;
  - (D) Provider enrollment certification.
- (3) Allocation means federal, state, and county monies which are identified for a county by the Department for the purchase of services in the IHSS Program.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (b) (1) Base Allocation means all federal, state and county monies identified for counties by the Department for the purchase of services in the IHSS Program, exclusive of any provider COLA allocation, but including recipient COLA.
- (2) Base Rate means the amount of payment per unit of work before any premium is applied for overtime or related extraordinary payments.
- (c) (1) Certified Long-Term Care Insurance Policy or Certificate or certified policy or certificate means any long-term care insurance policy or certificate, or any health care service plan contract covering long-term care services, which is certified by the California Department of Health Services as meeting the requirements of Welfare and Institutions Code Section 22005.
- (2) **Compensable services are only those services for which a provider could legally be paid under the statutes.**
- (3) Consumer means an individual who is a current or past user of personal care services, as defined by Section 30-757.14, paid for through public or private funds or a recipient of IHSS or PCSP.
- (4) County Plan means the annual plan submitted to the California Department of Social Services specifying how the county will provide IHSS and PCSP.
- (5) CRT or Cathode Ray Tube means a device commonly referred to as a terminal which is used to enter data into the IHSS payrolling system.
- (6) CRT County means a county in which one or more CRTs have been located allowing the county to enter its data directly into the payrolling system.
- (d) (1) Deeming means procedures by which the income and resources of certain relatives, living in the same household as the recipient, are determined to be available to the recipient for the purposes of establishing eligibility and share of cost.
- (2) Designated county department means the department designated by the county board of supervisors to administer the IHSS program.
- (3) Direct advance payment means a payment to be used for the purchase of authorized IHSS which is sent directly to the recipient in advance of the service actually being provided.
- (e) (1) Employee means the provider of IHSS under the individual delivery method as defined in Section 30-767.13.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (2) Employer means the recipient of IHSS when such services are purchased under the individual delivery method as defined in Section 30-767.13.
- (3) Equity Value means a resource's current market value after subtracting the value of any liens or encumbrances against the resources which are held by someone other than the recipient or his/her spouse.
- (f) (Reserved)
- (g) Gatekeeper Client means a person eligible for, but not placed in a skilled or intermediate care facility as a result of preadmission screening.
- (h) (1) Hours Worked means the time during which the provider is subject to the control of the recipient, and includes all the time the provider is required or permitted to work, exclusive of time spent by the provider traveling to and from work.
- (2) Housemate means a person who shares a living unit with a recipient. An able and available spouse or a live-in provider is not considered a housemate.
- (i) (Reserved)
- (j) (Reserved)
- (k) (Reserved)
- (l) (1) Landlord/Tenant Living Arrangement means a shared living arrangement considered to exist when one housemate, the landlord, allows another, the tenant, to share housing facilities in return for a monetary or in-kind payment for the purpose of augmenting the landlord's income. A landlord/tenant arrangement is not considered to exist between a recipient and his/her live-in provider. Where housemates share living quarters for the purpose of sharing mortgage, rental, and other expenses, a landlord tenant relationship does not exist, though one housemate may customarily collect the payment(s) of the other housemate(s) in order to pay mortgage/rental payments in a lump sum.
- (2) Licensed Health Care Professional means a person who is a physician as defined and authorized to practice in this state in accordance with the California Business and Professions Code.
- (3) Live-In Provider means a provider who is not related to the recipient and who lives in the recipient's home expressly for the purpose of providing IHSS-funded services.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (4) A list means any informal or formal listing or registry of written name(s) of prospective In-Home Support Services providers maintained by the county agency, county social services staff, a contractor as defined under Welfare and Institutions Code Section 12302.1, or any public or private agency for purposes of referring the prospective providers for employment.
- (m) Minor means any person under the age of eighteen who is not emancipated by marriage or other legal action.
- (n) (1) Net Nonexempt Income means income remaining after allowing all applicable income disregards and exemptions.
- (2) Nonprofit consortium means an association that has a tax-exempt status and produces a tax exempt status certificate and meets the definition of a nonprofit organization as contained in OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980.

---

**HANDBOOK BEGINS HERE**

---

- (A) OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980, defines a nonprofit organization as one which:
  - (1) Operates in the public interest for scientific, educational, service or charitable purposes;
  - (2) Is not organized for profit making purposes;
  - (3) Is not controlled by or affiliated with an entity organized or operated for profit making purposes; and
  - (4) Uses its net proceeds to maintain, improve or expand its operations.

---

**HANDBOOK ENDS HERE**

---

- (o) (1) Out-of-Home Care Facility means a housing unit other than the recipient's own home, as defined in (o) (2) below. Medical out-of-home care facilities include acute care hospitals, skilled nursing facilities, and intermediate care facilities. Nonmedical out-of-home care facilities include community care facilities and homes of relatives which are exempt from licensure, as specified in Section 46-325.5, where recipients are certified to receive board and care payment level from SSP.
- (2) Own Home means the place in which an individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his/her home.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (p) (1) Paper County means a county which sends its data in paper document form for entry into the payrolling system to the IHSS payrolling contractor.
- (2) Payment Period means the time period for which wages are paid. There are two payment periods per month corresponding to the first of the month through the fifteenth of the month and the sixteenth of the month through the end of the month.
- (3) Payrolling System means a service contracted for by the state with a vendor to calculate paychecks to individual providers of IHSS; to withhold the appropriate employee taxes from the provider's wages; to calculate the employer's taxes; and to prepare and file the appropriate tax return.
- (4) Personal Attendant means a provider who is employed by the recipient and, as defined by 29 CFR 552.6, who spends at least eighty percent of his/her time in the recipient's employ performing the following services:
- (A) Preparation of meals, as provided in Section 30-757.131.
  - (B) Meal clean-up, as provided in Section 30-757.132.
  - (C) Planning of menus, as provided in Section 30-757.133.
  - (D) Consumption of food, as provided in Section 30-757.14(c).
  - (E) Routine bed baths, as provided in Section 30-757.14(d).
  - (F) Bathing, oral hygiene and grooming, as provided in Section 30-757.14(e).
  - (G) Dressing, as provided in Section 30-757.14(f).
  - (H) Protective supervision, as provided in Section 30-757.17.
- (5) Preadmission Screening means personal assessment of an applicant for placement in a skilled or intermediate care facility, prior to admission to determine the individual's ability to remain in the community with the support of community-based services.
- (6) Provider Cost-of-Living Adjustment (COLA) means all federal, state and county monies identified for counties by SDSS for the payment of wage and/or benefit increases for service providers in the IHSS program.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (7) Public Authority means:
- (A) An entity established by the board of supervisors by ordinance, separate from the county, which has filed the statement required by Section 53051 of the Government Code, and
  - (B) A corporate public body, exercising public and essential governmental functions and that has all powers necessary and convenient to carry out the delivery of in-home supportive services, including the power to contract for services and make or provide for direct payment to a provider chosen by a recipient for the purchase of services.
- (q) (Reserved)
- (r) (1) Recipient means a person receiving IHSS, including applicants for IHSS when clearly implied by the context of the regulations.
- (2) Reduced payment means any payment less than full payment that may be due.
- (s) (1) Severely Impaired Individual means a recipient with a total assessed need, as specified in Section 30-763.5, for 20 hours or more per week of service in one or more of the following areas:
- (A) Any personal care service listed in Section 30-757.14.
  - (B) Preparation of meals.
  - (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
  - (D) Paramedical services.
- (2) Shared Living Arrangement means a situation in which one or more recipients reside in the same living unit with one or more persons. A shared living arrangement does not exist if a recipient is residing only with his/her able and available spouse.
- (3) Share of cost means an individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid toward the cost of IHSS authorized by the county.
- (4) Spouse means a member of a married couple or a person considered to be a member of a married couple for SSI/SSP purposes. For purposes of Section 30-756.11 for determining PCSP eligibility, spouse means legally married under the laws of the state of the couple's permanent home at the time they lived together.

**30-701 SPECIAL DEFINITIONS (Continued) 30-701**

- (5) SSI/SSP means the Supplemental Security Income and State Supplementary Program administered by the Social Security Administration of the United States Department of Health and Human Services in California.
- (6) State Allocation Plan means that process whereby individual county IHSS program allocations are developed in a manner consistent with a) Welfare and Institutions Code Sections 10102 and 12300 et seq., and b) funding levels appropriated and any control provision contained in the Annual Budget Act.
- (7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757, in compliance with a state approved county plan. Costs caused by factors beyond county control such as caseload growth and increased hours of service based on individually assessed need, shall also be considered state-mandated.
- (8) Substantial Gainful Activity means work activity that is considered to be substantial gainful activity under the applicable regulations of the Social Security Administration, 20 CFR 416.932 through 416.934. Substantial work activity involves the performance of significant physical or mental duties, or a combination of both, productive in nature. Gainful work activity is activity for remuneration of profit, or intended for profit, whether or not profit is realized, to the individual performing it or to the persons, if any, for whom it is performed, or of a nature generally performed for remuneration or profit.
- (9) Substitute Payee means an individual who acts as an agent for the recipient.
- (t) Turnaround Timesheet means a three-part document issued by the state consisting of the paycheck, the statement of earnings, and the timesheet to be submitted for the next pay period.
- (u) (Reserved)
- (v) (1) Voluntary Services Certification is the form numbered SOC 450 (10/98) which is incorporated by reference and which is to be used statewide by person(s) providing voluntary services without compensation.
- (w) (Reserved)
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, 12301.1, and 22009(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12300(c), 12301, 12301.6, 12304, 12306, 12308, 13302, 14132.95, 14132.95(e), 14132.95(f), and 22004, Welfare and Institutions Code.

|               |  |               |
|---------------|--|---------------|
| <b>30-755</b> | <b>PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM</b> | <b>30-755</b> |
|---------------|--|---------------|

.1 Eligibility

- .11 A person is eligible for IHSS who is a California **resident living** in his/her own home, and who meets one of the following conditions:
  - .111 Currently receives SSI/SSP benefits.
  - .112 Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.
  - .113 Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards **and meets applicable share of cost obligations**.
  - .114 Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:
    - (a) The individual was once determined to be disabled in accordance **with** Title XVI of the Social Security Act (SSI/SSP).
    - (b) The individual continues to have the physical or mental impairments which were the basis of the disability determination.
    - (c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" in Section 30-753.
    - (d) **The individual meets applicable share of cost obligations.**
- .12 Otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment.
  - .121 Service delivery shall commence upon the applicant's return home, except that authorized services as specified in Section 30-757.12 may be used to prepare for the applicant's return home.

.2 Eligibility Determination

- .21 Eligibility shall be determined by county social service staff at the time of application, at subsequent 12-month intervals, and when required based on information received about changes in the individual's situation.
- .22 Eligibility for current recipients of SSI/SSP shall be determined by verifying receipt of SSI/SSP. This can be done in any of the following ways:

|               |  |               |
|---------------|--|---------------|
| <b>30-755</b> | <b>PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)</b> | <b>30-755</b> |
|---------------|--|---------------|

- .221 Seeing the current SSI/SSP Notice of Determination.
- .222 Seeing the current SSI/SSP benefit check.
- .223 Contacting the Social Security District Office.
- .224 [Checking the Medi-Cal Eligibility Data System \(MEDS\) or the State Data Exchange \(SDX\) screens.](#)
- .23 Eligibility for those persons described in [Sections 30-755.112](#), [.113](#), and [.114](#) above shall be determined as follows:
  - .231 Age, blindness, and disability shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
    - (a) [Age, blindness or disability may be established by looking at the third and fourth digits of the Medi-Cal number. If the number is 10, the recipient is aged; if 20, the recipient is blind; and if 60, the recipient is disabled. However, if the third and fourth digits of the number are not 20 or 60, a new determination of blindness or disability may be required.](#)
  - .232 Residence, property, and net nonexempt income shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
  - .233 Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS.
    - (a) [Payment of the entire obligated share of cost is a condition of eligibility for IHSS.](#)
    - (b) [Providers shall have the primary responsibility for collecting any share of cost owed to them.](#)
      - (1) [The county may collect the share of cost.](#)
      - (2) [Counties shall have the responsibility for collection of any share of cost which must be paid against the provider's tax liability.](#)
    - (c) [If a recipient fails to pay his/her entire obligated share of cost within the month for which it is obligated, IHSS shall be terminated.](#)

|               |  |               |
|---------------|--|---------------|
| <b>30-755</b> | <b>PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)</b> | <b>30-755</b> |
|---------------|--|---------------|

- (1) Termination will be effective the last day of the month following the month of discovery of the recipient's failure to pay his/her entire obligated share of cost.
  - (d) If an applicant/recipient states verbally or in writing that he/she will not pay his/her share of cost, the applicant/recipient shall not be eligible for IHSS services.
- .24 Notwithstanding Section 30-755.232 above, net nonexempt income for persons specified in Section 30-755.113 above shall be determined, depending on the aid category to which the individual was linked in December, 1973, according to the Old Age Security (OAS), Aid to the Blind (AB) and Aid to the Totally Disabled (ATD) income regulations which would have been applicable in the individual's case in June, 1973, if it is to the person's advantage and either of the following conditions is met:
  - .241 In December 1973 the person was receiving only homemaker/chore services or was receiving an OAS, AB or ATD cash grant solely for attendant care, and has received IHSS services continuously since that date.
  - .242 In December 1973 the person had applied for attendant care of homemaker/chore service, met all eligibility requirements in that month, and has received IHSS services continuously since that date.
- .25 The case record for persons specified in .111 above shall indicate the information used to determine receipt of SSI/SSP benefits.
- .26 The case record for persons specified in Sections 30-755.112, .113, and .114 above shall include:
  - .261 The information used by the county to determine age, blindness or disability.
  - .262 The information regarding the recipient's property, income, and living situation used by the county in determining eligibility. Such information shall be recorded on a statement of facts form which shall be signed by the recipient or his/her authorized representative under penalty of perjury, and shall be dated. The county shall verify income. The county may verify other information if necessary to insure a correct eligibility determination.

|               |                                    |               |
|---------------|------------------------------------|---------------|
| <b>30-757</b> | <b>PROGRAM CONTENT (Continued)</b> | <b>30-757</b> |
|---------------|------------------------------------|---------------|

- .15 Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:
  - .151 Transportation to and from appointments with physicians, dentists and other health practitioners.
  - .152 Transportation necessary for fitting health related appliances/devices and special clothing.
  - .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
  - .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- .16 Yard hazard abatement is light work in the yard which may be authorized for:
  - .161 Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.
  - .162 Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
  - .163 Such services are limited by Sections 30.763.235(b) and .24.
- .17 Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.

|               |                                    |               |
|---------------|------------------------------------|---------------|
| <b>30-757</b> | <b>PROGRAM CONTENT (Continued)</b> | <b>30-757</b> |
|---------------|------------------------------------|---------------|

- .171 This service is available for monitoring the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons, with the following exceptions:
- (a) Protective supervision does not include friendly visiting or other social activities.
  - (b) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.
  - (c) Supervision is not available in anticipation of a medical emergency.
  - (d) Supervision is not available to prevent or control anti-social or aggressive recipient behavior.
- .172 Protective supervision is available under the following conditions:
- (a) Social service staff have determined that a twenty-four-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided.
  - (b) Services staff determine that the entire twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:
    - (1) IHSS
    - (2) Alternative resources.
    - (3) A reassurance phone service when feasible and appropriate.
- .173 Services staff shall discuss with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to protective supervision.
- .174 (Reserved)
- .175 (Reserved)

|               |                                    |               |
|---------------|------------------------------------|---------------|
| <b>30-757</b> | <b>PROGRAM CONTENT (Continued)</b> | <b>30-757</b> |
|---------------|------------------------------------|---------------|

- .176 County Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any In-Home Supportive Services (IHSS) or PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.
- (a) The voluntary services certification for IHSS shall contain the following information:
- (1) Services to be performed;
  - (2) Recipient(s) name;
  - (3) Case number;
  - (4) Day(s) and/or hours per month service(s) will be performed;
  - (5) Provider of services;
  - (6) Provider's address and telephone number;
  - (7) Provider's signature and date signed;
  - (8) Name and signature of Social Service Worker;
  - (9) County; and
  - (10) Social Security Number (Optional, for identification purposes only [Authority: Welfare and Institutions Code Section 12302.2]).
- .18 Teaching and demonstration services provided by IHSS providers to enable recipients to perform for themselves services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks specified in .11, .13, .14, and .16 above.

|               |                                    |               |
|---------------|------------------------------------|---------------|
| <b>30-757</b> | <b>PROGRAM CONTENT (Continued)</b> | <b>30-757</b> |
|---------------|------------------------------------|---------------|

- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.
- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), and 12300.1, Welfare and Institutions Code.

|               |   |               |
|---------------|---|---------------|
| <b>30-758</b> | <b>TIME PER TASK AND FREQUENCY GUIDELINES</b> | <b>30-758</b> |
|---------------|---|---------------|

- .1 When assessing the need for the services specified in .11 through .15 below in accordance with the provisions of Section 30-763.2, the assessed time shall not exceed the guidelines listed except as provided in .4 below.
- .11 Domestic services - The guideline time for "domestic services" shall not exceed 6.0 hours total per month per household.

---

**HANDBOOK BEGINS HERE**

- .111 Tasks included in domestic services are identified in Section 30-757.11.

---

**HANDBOOK ENDS HERE**

---

- .12 Laundry -
  - .121 For laundry services where laundry facilities are available in the home, the guideline time shall not exceed 1.0 hours total per week per household.

|               |   |               |
|---------------|---|---------------|
| <b>30-758</b> | <b>TIME PER TASK AND FREQUENCY GUIDELINES (Continued)</b> | <b>30-758</b> |
|---------------|---|---------------|

---

---

**HANDBOOK BEGINS HERE**

---

- (a) In-home laundry service is defined and limited in Section 30-757.135.
- (b) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

---

**HANDBOOK ENDS HERE**

---

- .122 For laundry services where laundry facilities are not available in the home, the guideline time shall not exceed 1.5 hours total per week per household.

---

**HANDBOOK BEGINS HERE**

---

- (a) Out-of-home laundry service is defined and limited in Section 30-757.135.
- (b) It is expected that the typical provider will use a local laundromat during nonpeak hour time and will utilize as many machines simultaneously as necessary for efficient time utilization.

---

**HANDBOOK ENDS HERE**

---

- .13 Food Shopping - The guideline time for "food shopping" shall not exceed 1.0 hour total per week per household.

---

**HANDBOOK BEGINS HERE**

---

- .131 Food shopping is defined and limited in Section 30-757.136.

---

**HANDBOOK ENDS HERE**

---

- .14 Other shopping errands - The guideline time for "other shopping/errands" shall not exceed 0.5 hours total per week per household.

|               |  |               |
|---------------|--|---------------|
| <b>30-763</b> | <b>SERVICE AUTHORIZATION (Continued)</b> | <b>30-763</b> |
|---------------|--|---------------|

- .461 The recipient's need for domestic and heavy cleaning services in common living areas, and for related services shall be assessed as if the child(ren) did not live in the home.
- .462 The child(ren)'s needs shall not be considered when assessing the need for services, including domestic or heavy cleaning in areas used solely by the child(ren).
- .47 Live-in Providers:
  - .471 Domestic and heavy cleaning services shall not be provided in areas used solely by the provider. The need for related services may be prorated between the provider and the recipient, if the provider and the recipient agree. All other services shall be assessed based on the recipient's individual need, except as provided in Sections 30-763.33 and .34.
- .5 Having estimated the need according to Sections 30-763.1 and .2, and after making the adjustments identified in Sections 30-763.3 and .4 as appropriate, the remaining list of services and hours per service is the total need for IHSS services.
- .6 Identification of Available Alternative Resources
  - .61 Social services staff shall explore alternative in-home services supportive services which may be available from other agencies or programs to meet the needs of the recipient as assessed in accordance with Section 30-761.26.
    - .611 Social services staff shall arrange for the delivery of such alternative resources as necessary in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS program or the recipient except as provided in Section 30-763.613.

|               |  |               |
|---------------|--|---------------|
| <b>30-763</b> | <b>SERVICE AUTHORIZATION (Continued)</b> | <b>30-763</b> |
|---------------|--|---------------|

- .612 The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in Section 30-763.613.
- .613 In no event shall an alternative resource be used at the financial expense of the recipient, except:
  - (a) At the recipient's option; or
  - (b) When the recipient has a share of cost obligation which shall be reduced by the amount necessary for the purchase of the alternative resource.
- .62 Social services staff shall explore with the recipient the willingness of relatives, housemates, friends or other appropriate persons to provide voluntarily some or all of the services required by the recipient.
- .621 Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in Section 30-763.62.
- .622 Social services staff shall not compel any such volunteer to provide services.
- .63 Social services staff shall document on the needs assessment form the total need for a specific service, which shall then be reduced by any service available from an alternative resource. The remaining need for IHSS is the adjusted need.
- .64 Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any IHSS/PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider(s) knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services. (See MPP Section 30-757.176 for information regarding the voluntary services certification form).
- .7 The Determination of Services Which Shall be Purchased by IHSS
  - .71 Services shall be authorized to meet all of the adjusted need for IHSS up to the appropriate service maximum identified in Section 30- 765.
  - .72 These services shall not be authorized concurrently with the SSI/SSP nonmedical out-of-home care living arrangement.
- .8 Notice of Action

|               |  |               |
|---------------|--|---------------|
| <b>30-763</b> | <b>SERVICE AUTHORIZATION (Continued)</b> | <b>30-763</b> |
|---------------|--|---------------|

.81 Whenever an IHSS needs assessment is completed the recipient shall be sent a notice of action in accordance with the requirements of MPP 10-116 and 30-759.7. In addition to the information required in 10- 116, the notice shall include:

.811 a description of each task for which need is assessed.

.812 the number of hours authorized for the completion of the task.

.813 identification of hours for tasks increased or decreased and the difference from previous hours authorized.

.9 Miller vs. Woods and Community Service Center for the Disabled vs. Woods.

---

**HANDBOOK BEGINS HERE**

---

.91 Background

On October 21, 1983 the Court of Appeal, Fourth Appellate District, issued a decision in the consolidated case of Miller vs. Woods and Community Service Center for the Disabled vs. Woods. The court declared invalid MPP 30-463.233c (now 30-763.233c) which provided that no need for protective supervision may be assessed when a housemate is in the home.

---

**HANDBOOK ENDS HERE**

---

.92 Case Review Procedures

.921 The county shall identify no later than June 30, 1984 all open IHSS cases with recipients living with a housemate where a need for protective supervision as defined in 30-757.17 may exist.

.922 The county shall determine through recipient contact whether a need for protective supervision exists unless the case record provides conclusive evidence which indicates that no need exists.

.93 Authorization and Notification

.931 The county shall complete a new Needs Assessment form to authorize protective supervision. The authorization shall be effective as of May 1, 1984.

|               |  |               |
|---------------|--|---------------|
| <b>30-763</b> | <b>SERVICE AUTHORIZATION (Continued)</b> | <b>30-763</b> |
|---------------|--|---------------|

.932 The county shall send a Notice of Action to all affected recipients which shall state: "Hours for protective supervision are authorized based on the Miller vs. Woods and Community Service Center for the Disabled vs. Woods court action."

.94 Recordkeeping

.941 The county shall maintain a listing of those recipients who were previously not authorized to receive protective supervision because of the presence of a housemate.

---

**HANDBOOK BEGINS HERE**

---

.942 DSS will provide each county with a computer generated listing which identifies any recipient whose address matches the address of an Individual Provider. The listing should be used as an aid and cross-check in the case review process; the listing is not a substitute for the case review.

.943 For those recipients with an Individual Provider, the listing in Section 30-763.941 will be generated through use of a special reason code indicating increased hours due to the Miller vs. Woods court decision.

---

**HANDBOOK ENDS HERE**

---

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12300, 12309, and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code; and Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068.